PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 Application or Docket Number (1) (447, 40)													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE
BASIC FEE										380.00	ОЯ		760.00
TOTAL CLAIMS			14 minus 20=			•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			ے minus 3 =			•			X39=		OR	X78=	280
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter *0" in column 2											OR	TOTAL	828
CLAIMS AS AMENDED - PART II											3	OTHER	
Y).	(Colun		1-S011-011		olumn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
ENT &		CLAI REMAI AFTI AMEND	NING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	. 16	1	Minus	**	20	a 🖳		X\$ 8=		OR	X\$18=	
AME	independent	• 4	25.44	Minus	•		. —		X39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ſ	+130=		OR	+260=	
								L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)									DOM: / CE 1			2011.722	
MENDMENT B		CLAI REMAII AFTE AMENDI	NING ER		PF	HIGHEST NUMBER YEVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		RATE	ADDI- TIONAL FEE
¥.	Total	• 14		Minus	*	20	. ^		X\$ 9=		OR	X\$18=	
AME	Independent	• 4	05 15	Minus	es,	ST CLAIM		Γ	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ſ	+130=	•	OR	+260=	·
X	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7/05	-					A	TOTAL DOIT. FEE		OR	TOTAL ADDIT. FEE	
	((Colum				olumn 2)	(Cotumn 3)	_					
AMENDMENT &		CLAIR REMAIN AFTE AMENDA	NING R		PA	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
20	Total	. 1	4	Minus	44	20	a .		X\$ 9=		OR	X\$18=	
ME	Indepsindent	• : 4	\mathcal{C}	Minus	ė.		•	1	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEF											OR OR	- TOTAL	
-	7 the "Highest Nur If the "Highest Nur The "Highest Nurr	Tiber Previo	ously Pa	ed For IN THE	S SPA	ICE is less tha	n 3, enter "3."		DOIT. FEE	ropriate box	•	ADDIT. FEE l umn 1.	

FORM PTO-675

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